

Woodbridge

TYPHOID FEVER.

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FOURTH PAPER,

Read before the Ohio State Medical Society, with Clinical data.

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NOV.-3--1897

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REPRINTED FROM
THE TRANSACTIONS OHIO STATE MEDICAL SOCIETY.

TYPHOID FEVER.

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The awful mortality from typhoid fever in Chicago, in Philadelphia, in Pittsburgh, in Washington, and in many other cities and in many rural districts throughout the United States, and the recent outbreak of the disease in St. Louis, in Buffalo, in Northern Michigan, in North Dakota, and in many other places, coupled with the well-known fact that this malady manifests a marked preference for the young and vigorous of both sexes, fully attest the importance of my subject. The interest of the medical profession in the subject is made clearly apparent by the enormous number of letters that have deluged my mail since the publication of my first paper under the title "Can Typhoid Fever be Aborted?" These letters, coming as they do from almost every part of the United States, and some from beyond its boundaries, indicate that this interest is general and widespread, while the dense ignorance of some of the simplest problems involved exhibited by the criticisms of some of those who have essayed the discussion of my papers, together with the contradictory theories and irreconcilable inconsistencies of the writings of different learned authorities, demonstrate the necessity of rewriting the entire literature of typhoid fever. But it is yet too early to do that; we know too little of bacteriology to write a literature of this disease; we know, too, too many lessons that must be unlearned before we can study it properly and well, and those who have abundance of material and the best opportunities for observation in the great hospitals seem most loath to

give up the false theories that seem so dear to their hearts, as, for instance, "since typhoid fever, like a majority of specific infections, runs a course uninfluenced by any known medicines,"* is a statement which with unimportant modifications has been so long and so often repeated that it seems iconoclastic to attempt to break its force. Realizing fully what it means to question this statement, and thus attempt to convict all of the great teachers of having taught errors that have cost millions of lives, I have endeavored with the limited means at my disposal, to make my position impregnable. For this reason I have striven to avoid the discussion of scientific problems, and confined myself to statements of facts that have been proven or are easily susceptible of proof, believing that I shall accomplish the greatest good in the shortest time and ultimately benefit the greatest number by first demonstrating that typhoid fever can be aborted, and leaving the speculative discussion of unsettled scientific questions to the future.

Since the early part of July, 1893, I have read three papers in my local society in which I gave the names and residences of a large number of cases of typhoid fever which I had treated during the preceding twelve years without a death, and showing an average duration of treatment of about ten days. In these papers I reminded the members of my society that in 1880 I had condemned all known methods of treatment of this disease, had given the society my idea of the correct treatment and foreshadowed its results; that in 1882 I had declared in the society that hemorrhage of the bowels in typhoid fever would be unknown if the disease were properly treated, and that in 1890 to emphasize my statement that typhoid fever could be aborted, I offered to recompense any member in the usual fee for every day that I had to visit a patient after the tenth day of treatment. With each of these papers I presented the history of my cases up to date, exhibiting the charts, and these charts

*Johns Hopkins Hospital Reports, Vol. IV, No. 1, 1894, by William Osler, M. D.

having been exhibited, my statement that I had had no death from typhoid fever for twelve years made, and my claim that the disease can be aborted and that it should never cause death having been discussed in my local society, where several of the ablest members verified the charts of the cases they had seen and endorsed my statements of facts as far as they had come under their observation, can leave no doubt in the mind of any thinking physician that I have done and can do exactly what I claim. In one society, amongst entire strangers, my charts were severely criticised by a gentleman of undoubted ability, who said, "I have examined every one of them carefully, and with four or five possible exceptions there is not a typhoid fever curve among them."

Gentlemen, you are requested to examine these charts, with this explanation, which ought to have been given to the Association in which they were so harshly criticised: There are amongst them three or four charts of cases in which absolutely pathognomonic symptoms were not present. They are there, because they appeared amongst well-marked cases of typhoid fever, were so diagnosed, and the presumption is that had they not been seen early and properly treated, they would have developed characteristic symptoms of the disease. Most of the others have a small figure in the upper left corner showing the number of physicians, most of them members of this Society, who examined the patients, confirmed my diagnosis, watched the treatment, and are ready to verify its results. Every one of them is the peer of the gentleman who criticised the charts, and quite as competent as he would have been, had he been present, to make an exact diagnosis in typhoid fever. And when he said: "Not all of the State of Ohio could convince me that they are typhoid fever charts or that the temperature of a typhoid fever patient could be brought to normal in so short a time," he simply exposed his ignorance of the possibilities of antiseptic medicine and placed himself on record on the wrong side of the question.

You are asked to examine them, and to accept them as

typhoid fever charts upon my diagnosis with the verification of these gentlemen; and to study the temperature curve as a typhoid fever curve modified by treatment. Had the curves pleased my critics they would have lacked much of pleasing me, and had I been unable to modify the curve, no possible reason would have existed for their presentation to or indeed for my appearance before this distinguished audience.

An analysis of these cases will show that many of them were put under treatment on the sixth, seventh or eighth day of sickness, and two or three on the tenth day or later, but a demonstration of the possibility of aborting typhoid fever as late as the eighth or tenth day of sickness must not be regarded as a claim that they can always be aborted at so late a date or as a justification of the dense ignorance, or criminal carelessness, or both, which are so often responsible for incorrect or inexact diagnosis. Nothing can justify the correction of a diagnosis from malarial fever or any other disease to typhoid fever, and still less the statement that any disease has run into typhoid fever.

In order to make a just estimate of the value of my results, you will please bear in mind that everything that the profession has regarded as essential to recovery from typhoid fever has been ignored. Very few of my private patients have had the advantage of trained nurses. No bathing has been ordered in ordinary cases, in any case, except one that I took on the sixteenth day of sickness. No restrictions as to exercise. My patients were allowed to sit up, walk about, and even go out of doors, if they felt able; many of them have eaten solid food on the seventh or eighth day, and I am fast coming to the conclusion that no restrictions whatever as to diet are necessary when patients are properly treated.

With my last paper, read April 25th, 1894, I presented my charts up to date, including that of Case No. 71, discharged on that day, since which I have had but two cases (the charts of which I hand you, Nos. 72 and 75) which de-

Case No. 75

DIAGNOSIS

Typhoid Fever

Revise

Notes of Case

Name M^{rs} H. M.F.Age 35 S.W.

Nativity

Occupation

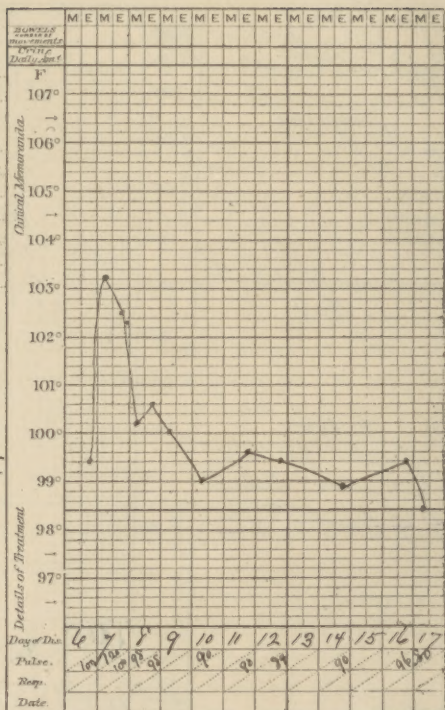
Residence

Date of admission May 5Diet

Treatment

Temperature touched
normal on the 11th
day of treatment

Result



treatment, which consisted of a No. 5 capsule of the formula given in my second paper, minus the podophyllin, viz.:

℞ hydrarg. chlor. mite 3i.
 guaiacol carb. 3i.
 thymol 5v.
 menthol 5i.
 sacch. alb. 5ii.
 eucalyptol as much as possible.

every half hour the first day, every fifteen minutes the second day, and every hour the third day, followed by

℞ eucalyptol M. x.
 guaiacol M. ii.

REVISED

every three hours, in one case one day and in the other case two days, when a No. 5 capsule of the first mixture was given every hour in one case, and in the other every fifteen minutes for one day, when the eucalyptol-guaiacol mixture was given until the temperature was normal. To Mrs. W., bowels having moved only once during her illness, a few doses of magnesia were given. To both were given a little ipecac, and Mrs. W. not having slept for four or five nights, her husband gave her a twenty-drop dose of tinct. of opium.

I regret that I am as yet unable to give any rule by which one may know when the desired object has been attained. I am in the habit of watching the symptoms very carefully, and when satisfied that they are steadily improving, diminish the doses or stop treatment, striving to make up by extreme watchfulness what I lack in knowledge.

There is no language strong enough to adequately condemn the habit of making a mixed diagnosis, as is ordinarily practiced in many localities or as laid down in some otherwise very good text-books. It is not at all uncommon for practitioners to say that their patient has malarial fever, a few days later correct that diagnosis to typho-malarial fever, and when the patient has had hemorrhage of the bowels, or is dying of exhaustion, to say that it has run into typhoid fever — a practice justly condemned by Dr. Gustavus Eliot, of New Haven; equally to be condemned is the custom of those physicians who await the development of one or more of the pathognomonic symptoms, as enlargement of the spleen, rose spots, etc., before venturing an opinion or beginning any proper treatment.

Since the course of treatment I have advised in typhoid fever is the best possible treatment for any disease for which it could be mistaken, and since a patient under this treatment need not go to bed, be restricted in diet, in social enjoyment, or even required to neglect his business, it is quite proper to treat every doubtful case as a case of typhoid fever. If future developments require a change in diagnosis and treat-

ment, the patient in any case will have profited by the mistake; and if the diagnosis prove to have been correct, his life will have been saved.

I have been very severely criticised by some very eminent authorities for claiming so much on so few cases, while, on the other hand, during the discussion of my paper in my local society one member said that he thought Dr. Woodbridge was responsible for a great many deaths for not having published a treatment capable of producing such results twelve years ago. To this I replied: "The gentleman will please remember that I gave my treatment to this society more than twelve years ago at a largely attended meeting at which the gentleman himself was present, and that every member who took part in the discussion condemned it." No! The responsibility for deaths must not be charged to me.

All of the great thinkers and teachers of the profession are, I believe, a unit, in teaching that typhoid fever cannot be aborted. They have a perfect right to their opinions, and so far as they are concerned they are probably correct.

Mr. President, I speak thus plainly because of the persistent efforts of two or three "captious critics" to embarrass my work, and because I wish to place the responsibility exactly where it belongs. I wish to say that I am ready at any time to go wherever, in the whole world, typhoid fever claims a victim, and if I have a death from the disease, challenge the publication of my failure, with the day of the disease at which I was called.

The importance of this subject cannot be overestimated. Should cholera or small-pox cause a few hundred deaths the people would be up in arms against its inefficient health boards; but Dr. Victor C. Vaughn, than whom there is probably no better authority, in an article published in the current issue of the *Pharmaceutical Era*, says: "About 50,000 people die annually in the United States from typhoid fever, and more than ten times this number are sick with this disease." He says further: "We have no foreign foe who could possibly inflict upon us the injury, suffering and death

which typhoid fever will cause during the next twelve months."

Were this country threatened with an invasion of a foreign enemy, capable of destroying the lives of 50,000 of her people, and prostrating half a million more for the average duration of an attack of typhoid fever, and were a military man to present the evidence of his ability to defeat that foe that I have given you of *my* ability to save the country the awful suffering and tremendous loss of life and time caused by typhoid fever, the entire resources of the nation would be placed at his disposal, and I ask you, does not the country own me one *Typhoid Fever Hospital* in which to alleviate a little more suffering and save a few more lives than is possible in private practice, and in which to demonstrate to the profession that typhoid fever is really amenable to curative treatment; and if the medical profession and the people can be made to recognize this disease by its earliest symptoms and will send its victims to me as soon as they make their appearance, I make you this *solemn promise*, that I will return to you every one of them without a death from typhoid fever or its ordinary complications or sequelæ, with much less than one-half of the usual loss of time and with little or no impairment of the constitution.

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